San Bernardino County Superintendent of Schools
Ted Alejandre, County Superintendent

DISTRICT FINANCIAL SERVICES
PAYROLL EFT RECALL REQUEST

DISTRICT NAME _____ DISTRICT NO. _____

EFT NUMBER E- _____ ISSUED: _____

EMPLOYEE _____ SOC. SEC. NO. _____

NOTE: PROCESSING THIS REQUEST INCLUDES A MINIMUM FIVE BUSINESS DAY WAIT PERIOD FROM THE SETTLEMENT DATE.

NET AMOUNT _____ RETIREMENT {☐} P {☐} S

REASON FOR RECALL _____

PERIOD END DATE _____ RECALL EFFECTIVE _____ YR _____ QTR

CERT: {☐}HOURLY {☐}CONTRACT CLASS: {☐}HOURLY {☐}CONTRACT

_____ _____

DISTRICT CLERK DATE

PAYROLL HISTORY

	AMOUNTS		AMOUNTS
GROSS EARN		MEDICARE	
***TSA**		***SDI**	
***CAFETERIA PLAN**		RETIREMENT	
TAXABLE GROSS		RET PU(NON TXBL)	
FEDERAL TAX		SURV. BENE.	
STATE TAX		***VOL DEDS**	
DEFERRED NET PAY		***ALT RETIRE**	
EARNED INCOME CREDIT		NET PAY	
FICA			

NOTE: ATTACH WITH THIS FORM A VOL-DED CORRECTION OR VOL-DED CANCELLATION FORM 2 COPIES
(CANCEL INFORMATION *INCLUDES TSA, CAFE, SDI, VOL-DEDS, ALT RETIRE SYSTEM)

Internal Use Only

WELLS FARGO RECALL REQUEST

_____ _____ _____

DATE SUBMITTED DATE NOC DATE VALID FOR POSTING

APPROVED: {☐}

DENIED: {☐}

_____ _____

DATE DFS APPROVER

_____ _____

DISTRICT AUTHORIZED SIGNATURE DATE TO DFS

_____ _____ _____ _____

DFS AUDIT INITIAL DATE DATE CANCELLED IN EAS INITIAL

_____ _____

DATE CANCELLED IN FINANCIAL 2000 INITIAL